



Letter of Intent (LOI) Form

Participating Employer - Expedited Registration Pathway for Qualified Canadian Out of Province Health Care Assistants (HCAs)

LOI PURPOSE

By submitting the LOI, Participating Employers confirm they will provide a standardized orientation program that follows the Ministry of Health’s (MoH) requirements for qualified Canadian Out of Province HCAs. The Registry will develop and maintain a list of Participating Employers on its website [click here](#). Qualified Canadian HCA applicants approved by the Registry to access the pathway will be provided with a Letter of Eligibility and a copy of this list. The HCA may then contact Participating Employer(s) to indicate their interest in / apply for available HCA positions.

Part One: Employer Contact Information

1. Name of Employer: _____

Address: _____

City: _____ Postal Code: _____

Email: _____ OR Link to Job Posting / Application webpage: _____

Telephone: _____ Fax: _____

Website: _____

Telephone, fax number and website are optional and will be included on the publicly accessible Participating Employers List, if provided.

2. Main Employer Contact(s)

These individuals are expected to sign off on completed HCA Employee Orientation Verification and Introduction to Practice Completion Forms using the Registry Templates.

Name: _____ Title: _____

Telephone: _____ Email: _____

Name: _____ Title: _____

Telephone: _____ Email: _____

Name: _____ Title: _____

Telephone: _____ Email: _____



Part Two: Participating Employer Requirements as per MoH Policy Directive

- 1. **Public Funding:** Please indicate if your organization receives public funding for service delivery
 - YES – indicate which Health Authority (HA) provides funding: _____
 - NO (you are not eligible to be a Participating Employer at this time)

2. **Standardized Orientation Program** to include:

1. Violence Prevention education module (s)
2. Infection Prevention education module (s)
3. Safe Patient Handling education module (s)
4. Recognizing and Reporting Adult Abuse education module
5. Practice component – Infection Prevention
6. Practice component – Safe Patient Handling

Note: The policy requirements do not supersede existing legislative or regulatory requirements that hold employers to a higher standard.

3. **Introduction to HCA Practice Content-** must be completed in six months of hire.

Part Three: LOI Confirmation Signature

On behalf of above named employer, I confirm the accuracy of information provided on the LOI and confirm there will be compliance with all of the Participating Employer Requirements as per the MoH Expedited Registration Pathway for Qualified Canadian Out of Province Health Care Assistants Policy and Supportive Policy. I confirm that I have the legal authority to sign on behalf of the named employer.

Name: _____ Title: _____

Signature: _____ Date: _____

Email: _____ Phone: _____

<p align="center">SUBMIT COMPLETED AND SIGNED FORM USING THIS ONLINE PORTAL https://www.cachwr.bc.ca/Global/LOI-Return-Form.aspx</p>
